PALMER COMMUNITY DEVELOPMENT DEPT. 645 E. COPE INDUSTRIAL WAY, PALMER, AK 99645-6748 PHONE: 907-745-3709x1 Fax: 907-745-5443

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY

PERMIT # _____

DATE ISSUED _____

BUILDING CODE _____

Construction Address					Legal Description (Subdivision, Lot, Block)						
Owner's Name & Mailing Address											
Phone # Email Address											
Contractor's Name & Mailing Address											
Phone #	ne # Cell Phone #				Contact Name						
Email Address						•		Palmer Busines License #	S		
					on of Work						
NewAlteration/RepairsResidentialAdditionCommercialElectricalPublicPlumbingFarm/AgMechanical											
I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is true and correct to the best of my knowledge. I further certify that I have read, understand and will comply with all of the provisions outlined hereon. I also certify that the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject property. All contract work on this project will be done by a contractor holding valid licenses issued by the State of Alaska and the City of Palmer. All businesses operating within city limits are required to have a city business license. Contact City Hall at 907-745-3271 for further information.											
OWNER'S SIGNATURE								DATE	DATE		
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT								DATE	DATE		
PROVISIONS: The applicant is advised that issuance of this permit will not relieve responsibility of the owner or owner's agents to comply with the provisions of all laws and ordinances, including federal, state and local jurisdictions, which regulate construction and performance of construction, or with any private deed restrictions or requirements of the applicable fire service area. This permit becomes null and void if the construction work authorized is not begun within 180 days from date of issue or if the work is suspended or abandoned for a period of 180 days.											
Valuation of Work \$											
Waitation of work \$											
Zoning District	Front Yard	Rear Yard	Side Yard 1	Side Yard 2 F		Frontage	E	3ldg. Height	Lot Coverage %		
Const. Type	Occupancy	Commercial	Area Resident	tial Area	Garage Ar	rea	Misc. Area	Bdrms/Ba	ithrms	# Stories	
Plans Checked By:					Approved for Issuance By:						